CLAIMS AS FILED - PART I					AALL EN	ALLIA.	OR	OTHER	
	(Column 1)	Colu	mn 2]		RATE	FEE	1	RATE	FΕE
OTAL CLAIMS			ER EXTRA	- 1-	ASIC FEE	<b> </b>		BASIC FEE	
OR .	NUMBER FILE	0 770000		-			1	X\$50=	
OTAL CHARGEABLE CLAIMS minus 20=		20=	7.		X\$ 25=	, 	OR		
NDEPENDENT CLASIAS	· minus	3 =			X100≈		OR	X200 =	· 
ULTIPLE DEPENDENT CLA	IM PRESENT				180=		OR	∙36 <b>0</b> =	•
If the difference in column	1 is less than zero.	enter "0" in c	olumn 2		TOTAL		<b>]</b> ·	TOTAL	
CLAIMS A	S AMENDED -		1 Scal 6 31	) [[	PAALL E	YIIIN	<b>~</b> ()R	OTHER SMALL	
(Column CLAIM	5	Column 2 C		Г		ADDI-	1		ADDI-
C REMAINS	.   (	NUMBER PREVIOUSLY PAIR FOR	PRESENT		RATE	TIONAL FEE		- RATE	TIONAL FFE
Total	Minus .	93	: ~~	,	⟨\$ 25±	-	OR	X\$50=	•
Independent - 3	Minus -	-4		-,	K100=		CR	X200=	
FIRST PRESENTATION	F MULTIPLE DEPEN	IDENT CLAIM		-  -	180=	-	OR	1360=	<del> </del>
				با	TOTAL		[ ]	TOTAL ADDIT, FEE	
El amill		·	(Column 3)	40	OIT FEEL		, • • •	ADUII. FEEL	
CLAIM	5	(Column 2) HIGHEST • NUMBER	PRESENT	Г		ADDI-		2475	ADDI-
REMAIN AFTER	ا — [ ا	PAID FOR	EXTRA		RATE.	TIONAL. FEE		- HATE	FEE
Total. Independent	J Minus	63	-	,	(\$ 25=	-	OR	X\$50= ·	·
Independent	1	- 9	= /	,	(100=		OR	X200=	/.
FIRST PRESENTATION (	IF MULTIPLE DEPEN	IDENT CLAIM			180=		OR	+360=	7
				L	TOTAL		00	TOTAL	
			(Caluma 2)	<b>∧</b> D	017. FEE L			ADOIT. FEEL	
(Column		(Column 2)	(Columa 3)		<del></del> -1	'ADDI-	1		ADDI
	NG	INMBER PREVIOUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FE:
Total .	111	PAID FOR				FEE	~	X\$50=	
Total .	Minus •		-	-	\$ 25=		OR I		
Independent .	· · · · · · · · · · · · · · · · · · ·			'	(100=		OR	X200 =	
TIMST PRESENTATION				.	180:		οġ	+360=	

·

· r

•